

FINANCE DEPT. 2263 SANTA CLARA AVE. ROOM 230 ALAMEDA, CA 94501 510-747-4851	CITY OF ALAMEDA BUSINESS LICENSE APPLICATION	APPL NO. NEW <input style="width: 30px; height: 20px;" type="checkbox"/> CHANGE <input style="width: 30px; height: 20px;" type="checkbox"/>
BUSINESS NAME		
BUSINESS STREET ADDRESS	CITY	ZIP
BUS. TEL. #		
TYPE OF OWNERSHIP SOLE PROPRIETORSHIP <input style="width: 15px; height: 15px;" type="checkbox"/> PARTNERSHIP <input style="width: 15px; height: 15px;" type="checkbox"/> CORPORATION <input style="width: 15px; height: 15px;" type="checkbox"/> LLC <input style="width: 15px; height: 15px;" type="checkbox"/>	DESCRIPTION OF BUSINESS ACTIVITY	
MAILING ADDRESS:	FED.EMP.ID NO./SS NO.	
	DRIVERS LICENSE / EXP DATE	
	DATE OF BIRTH	
	START DATE IN ALAMEDA	
	ANNUAL GROSS RECEIPTS (EST.) IN ALAMEDA	
BUSINESS OWNER #1	SALES TAX NO. OR SELLERS PERMIT	
NAME:	NO OF EMPLOYEES IN ALAMEDA	
HOME: STREET	Property Owners/Landlords:	
CITY		
ZIP		
TEL.NO.		
BUSINESS OWNER #2	RENTALS: # UNITS	
NAME:	COMMERCIAL RENTAL: # SQ.FT.	
HOME: STREET	PURCHASE DATE	
CITY	I DECLARE UNDER PENALTY OF PERJURY THAT THE INFORMATION IN THIS APPLICATION IS TRUE AND CORRECT. <div style="display: flex; justify-content: space-between;"> X _____ X _____ </div> <div style="display: flex; justify-content: space-between;"> SIGNATURE DATE </div>	
ZIP		
TEL.NO.		
IN CASE OF EMERGENCY: LIST A CONTACT PERSON FOR POLICE & FIRE DEPARTMENT NAME: HOME: STREET CITY ZIP TEL.NO.		FOR OFFICE USE ONLY BUSINESS TYPE _____ AMOUNT PAID: BUSINESS LICENSE \$ _____ BIA \$ _____
PAYMENT MUST BE SUBMITTED WITH APPLICATION. NO BILL WILL BE SENT.		